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				enhanced legal status
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NEWS	30	SEP	01	CAS Journal Coverage Now Includes Ahead-of-Print
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FILE LAST UPDATED: 1 Sep 2011 (20110901/ED)
REVISED CLASS FIELDS (/NCL) LAST RELCADED: Jun 2011
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Jun 2011

CAplus now includes complete International Patent Classification (IPC) reclassification data for the second quarter of 2011.

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This file contains CAS Registry Numbers for easy and accurate

substance identification. => s rotigotine 208 ROTIGOTINE L1 => s 11 and parkinsons 1682 PARKINSONS L2 8 L1 AND PARKINSONS => d 12 1-8 ibib ab L2 ANSWER 1 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN ACCESSION NUMBER: 2010:1549224 CAPLUS DOCUMENT NUMBER: 155:144044 TITLE: Rotigotine transdermal system for control of early morning motor impairment and sleep disturbances in patients with Parkinson's disease AUTHOR(S): Giladi, Nir; Fichtner, Andreas; Poewe, Werner; Boroojerdi, Babak Department of Neurology, Tel Aviv Sourasky Medical CORPORATE SOURCE: Center, Sackler School of Medicine, Tel Aviv University, Tel Aviv-Jaffa, 64239, Israel SOURCE: Journal of Neural Transmission (2010), 117(12), 1395-1399 CODEN: JNTRF3; ISSN: 0300-9564 SpringerWienNewYork PUBLISHER: DOCUMENT TYPE: Journal; (online computer file) LANGUAGE: English This open-label study (NCT00243945) investigated the efficacy of rotigotine transdermal system in 54 Parkinson's disease (PD) patients with unsatisfactory control of early morning motor impairment and sleep disturbances. Rotigotine dose was up titrated for 8 wk and maintained for 4 wk. Mean rotigotine dose at end of maintenance was 11.83 mg/24 h (SD 3.86). Patients had two overnight hospital stays at baseline and end of treatment during which early morning motor performance was assessed, prior to first morning dose of regular oral antiparkinsonian medication. Rotigotine improved mean Unified Parkinson's Disease Rating Scale (UPDRS) part III score by -9.3 points, mean Timed Up and Go test duration by -1.4 s and mean morning finger tapping by 26.5 taps/min; 46% of patients were considered responders (≥30% improvement of UPDRS III). Mean Nocturnal Akinesia, Dystonia and Cramps Sum Score was reduced by 61%; mean number of nocturias decreased by 32%. Rotigotine also improved sleep quality. These results suggest a role for rotigotine in treatment of nocturnal and early morning motor disabilities in PD patients. REFERÊNCE COUNT: 19 THERE ARE 19 CITED REFERENCES AVAILABLE FOR THIS RECORD, ALL CITATIONS AVAILABLE IN THE RE FORMAT L2 ANSWER 2 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN ACCESSION NUMBER: 2010:1103600 CAPLUS DOCUMENT NUMBER: 153:351067 TITLE: Treatment of dyskinesia related disorders INVENTOR(S): Wikstroem, Haakan; Joergensen, Morten; Moerk, Niels; Larsen, Jennifer; Torup, Lars; Bang-Andersen, Benny PATENT ASSIGNEE(S): H. Lundbeck A/S, Den. SOURCE: PCT Int. Appl., 45pp. CODEN: PIXXD2 DOCUMENT TYPE: Patent LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

## PATENT INFORMATION:

PATENT INFORMATION:	KIND		APPLICATION NO.					
CA, CH, C ES, FI, C KE, KG, F MD, ME, h PG, PH, I SY, TH, 7 RW: AT, BE, I IE, IS, 1 SK, SM, T, 7 SN, TD, 7	CL, CN, CC SB, GD, GE GM, KN, KE GM, KN, KF GM, TM, TM CL, PT, RC J, TM, TM CG, CH, CY TT, LT, LU CR, BF, BJ CG, BW, GF MM, AZ, BY A1	20100902 , AT, AU, AZ , CR, CU, CZ , GH, GM, GT , KR, KZ, LA , MW, MX, MY , RS, RU, SC , TR, TT, TZ , CZ, DE, DK , LV, MC, MK , CF, CG, CI , GM, KE, LS	AR 2010-100573 DK 2009-273 DK 2009-280	20100226 BW, BY, BZ, EC, EE, EG, IN, IS, JP, LU, LY, MA, NZ, OM, PE, SM, ST, SV, VN, ZA, ZM, ZW, GR, HR, HU, RO, SE, SI, ML, MR, NE, SZ, TZ, UG, 20100226 A 20090227 A 20090227				
maintaining a low dyskinesias compu compound of the i	are method dyskinestising adminution. nvention.	ia induction inistering a The present of said comp	or mg Parkinsons disease profile and methods therapeutically effet invention further pods. in the manufactured REFERENCES AVA	e while of reversing ective amount of a celates to uses are of medicaments ILABLE FOR THIS				
RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT  2 ANSWER 3 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN  ACCESSION NUMBER: 2010:1103596 CAPLUS  DOCUMENT NUMBER: 153:375306  TITLE: Methods of administering (4aR, 10aR)-1-N-propyl-1,2,3,4a,5,10,10a -octahydrobenzo[g]quinoline-6,7-diol and related compounds across the oral mucosa, the nasal mucosa or the skin and pharmaceutical compositions thereof  Wikstroem, Haakan; Joergensen, Morten, Moerk, Niels; Larsen, Jennifer; Bang-Andersen, Benny; Sager, Thomas Nikolaj; Pueschl, Ask; Torup, Lars  PATENT ASSIGNEE(S): H. Lundbeck A/S, Den.  POCUMENT TYPE: PIXED: DOCUMENT TYPE: Patent LANGUAGE: English  FAMILY ACC. NUM. COUNT: 1  PATENT INFORMATION:								
PATENT NO.	KIND		APPLICATION NO.					
WO 2010097091 W: AE, AG, A CA, CH, C ES, FI, C KE, KG, F	Al AL, AM, AC CL, CN, CC GB, GD, GE CM, KN, KE	20100902 , AT, AU, AZ , CR, CU, CZ , GH, GM, GT , KR, KZ, LA	WO 2010-DK50050 , BA, BB, BG, BH, BR, , DE, DK, DM, DO, DZ, , HN, HR, HU, ID, IL, , LC, LK, LR, LS, LT, , MZ, NA, NG, NI, NO,	20100226 , BW, BY, BZ, , EC, EE, EG, , IN, IS, JP, , LU, LY, MA,				

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PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV,
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             IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, SE, SI,
             SK, SM, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE,
             SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG,
             ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
     AR 75626
                          A1
                                20110420
                                              AR 2010-100574
                                                                       20100226
                                              DK 2009-274
PRIORITY APPLN. INFO.:
                                                                  A 20090227
                                              DK 2009-279
                                                                  A 20090227
                                              DK 2009-282
                                                                  A 20090227
                                              US 2009-155933P
                                                                  P 20090227
                                                                 P 20090227
                                              US 2009-155942P
                                              US 2009-155957P
                                                                  P 20090227
                          CASREACT 153:375306; MARPAT 153:375306
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OTHER SOURCE(S):

Disclosed are pharmaceutical compns. and methods for the administration of (4aR, 10aR) -1-n-propyl-1, 2, 3, 4, 4a, 5, 10, 10a-octahydro-benzo[g]quinoline-6, 7diol or a pharmaceutically acceptable salt thereof and related compds. for the treatment of neurol. disorder such as Parkinson's disease and restless leg syndrome.

REFERENCE COUNT: THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

ANSWER 4 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2010:97102 CAPLUS

DOCUMENT NUMBER: 153:222094

TITLE: Short- and long-term dopaminergic effects on dysarthria in early Parkinson's disease

AUTHOR(S): Skodda, Sabine; Visser, Wenke; Schlegel, Uwe CORPORATE SOURCE: Department of Neurology, Knappschaftskrankenhaus,

Ruhr-University of Bochum, Bochum, 44892, Germany Journal of Neural Transmission (2010), 117(2), 197-205 SOURCE:

CODEN: JNTRF3; ISSN: 0300-9564

PUBLISHER: SpringerWienNewYork

DOCUMENT TYPE: Journal

LANGUAGE: English

While the beneficial effect of levodopa on motor impairment in Parkinson's disease (PD) has been well documented, its effect on speech has rarely been examined and the resp. literature is inconclusive. The aim of our study was to analyze the effect of short-term levodopa admission and long-term dopaminergic treatment on speech in PD patients in early stages of the disease. Motor examination according to UPDRS III and speech testing were performed in 23 PD patients (9 males; median age 68, 42-78 years) in the early morning after having abstained from dopaminergic medication overnight ("off" state, t0) after administration of 200 mg of soluble levodopa (t1), and at follow-up after 12-14 wk under stable dopaminergic medication (t2). Speech examination comprised the perceptual rating of global speech performance and an acoustical anal, based upon a standardized reading task. While UPDRS III showed a significant amelioration after 1-dopa application, none of the parameters of phonation, intonation, articulation and speech velocity improved significantly in the "on" state, neither under short-term levodopa administration (t1) nor on stable dopaminergic treatment (t2). However, there was a pos. effect of dopaminergic stimulation on vowel articulation in individual patients. Results indicated significant beneficial effect of short-term levodopa administration or long-term dopaminergic medication on different dimensions of speech in PD patients. As some improvement of vowel articulation was seen in individual patients, the pre-existing pattern of speech impairment might be responsible for the different response to pharmacol. treatment.

L2 ANSWER 5 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2009:39122 CAPLUS

DOCUMENT NUMBER: 151:116307

TITLE: Transdermal dopaminergic stimulation with rotigotine

in Parkinsonian akinetic crisis

AUTHOR(S): Dafotakis, Manuel; Sparing, Roland; Juzek, Agnes;

Block, Frank; Kosinski, Christoph M.

CORPORATE SOURCE: Institute of Neuroscience and Biophysics - Medicine, Research Centre Juelich, Juelich, D-52428, Germany

SOURCE: Journal of Clinical Neuroscience (2009), 16(2),

335-337

CODEN: JCNUE6; ISSN: 0967-5868

PUBLISHER: Elsevier B.V.
DOCUMENT TYPE: Journal
LANGUAGE: English

Akinetic crisis (AC) is a much-feared complication of Parkinson's disease (PD) which may appear upon abrupt cessation or malabsorption of dopaminergic medication due to gastrointestinal tract disorders or acute surgery. I.v. infusion of amantadine sulfate or s.c. administration of apomorphine are established treatment strategies for AC. We speculate whether the use of a non-invasive transdermal application form (patch) of a dopaminergic drug (rotigotine) may represent a useful alternative treatment option. We describe the successful treatment of severe AC using rotigotine in a PD patient with gastro-esophageal ulcers which precluded administration of any oral medication. This case demonstrates that a rotigotine patch might be effective in the treatment of AC. We suggest that rotigotine may represent a useful treatment option due to its favorable receptor profile and unique application form. In particular, it may be helpful in situations that might provoke AC, such as acute surgery. However, experience of the use of the rotigotine patch in this clin. setting is rather sparse and the patch is currently not approved for this indication.

REFERENCE COUNT: 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 6 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2008:1321095 CAPLUS

DOCUMENT NUMBER: 150:455870

TITLE: Crystallisation within transdermal rotigotine patch:

is there cause for concern?

AUTHOR(S): Chaudhuri, K. Ray

CORPORATE SOURCE: Movement Disorders Unit, King's College Hospital,

London, SE5 9RS, UK

SOURCE: Expert Opinion on Drug Delivery (2008), 5(11),

1169-1171

CODEN: EODDAW; ISSN: 1742-5247

CODEN: EODDAW; ISSI Informa Healthcare

DOCUMENT TYPE: Journal: General Review

LANGUAGE: English

PUBLISHER:

3 A review. Rotigotine patch provides continuous dopaminergic stimulation (CDS) in 'real life' in patients with Parkinson's disease (PD). However, the promising clin. use of rotigotine has been interrupted after healthcare professionals received notification regarding the rotigotine patch due to the appearance of 'snowflake-like' crystals within the patch. It has been stated that the net effect of the 'snowflake' phenomenon is the possibility of reduced drug delivery and therapeutic efficacy, but no risk of drug-related toxicity. The production process has been modified to inhibit nucleation and the formation of crystals. Addnl., refrigerated storage after production has been shown to substantially reduce the occurrence

of crystals and growth. OS.CITING REF COUNT: 2

THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)

L2 ANSWER 7 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2008:1202499 CAPLUS

DOCUMENT NUMBER: 150:320435

TITLE: New frontiers in the pharmacological management or

Parkinson's

AUTHOR(S): Gottwald, Mildred D.; Aminoff, Michael J.

CORPORATE SOURCE: Jazz Pharmaceuticals, Inc., Palo Alto, CA, USA

SOURCE: Drugs of Today (2008), 44(7), 531-545

CODEN: MDACAP; ISSN: 1699-3993 PUBLISHER: Prous Science

DOCUMENT TYPE:

Journal; General Review

LANGUAGE: English

A review. Rasagiline, a selective COMT inhibitor, and rotigotine, a transdermal dopamine (D2) agonist, are two new agents that have been approved in the U.S. and Europe for the treatment of Parkinson's disease. Rasagiline is approved in the U.S. for both monotherapy and as an adjunct to levodopa. Its role in preventing disease progression has yet to be proven, but a large-scale study (ADAGIO) is under way. Rotigotine is approved for early-stage disease in Europe and the U.S. but is only approved in Europe for late-stage disease. It has recently been recalled due to the formation of insol. crystals that interfere with absorption and may reduce its efficacy. Measures are being taken by the manufacturer to solve this problem. Istradefylline, and adenosine receptor antagonist, showed early promise but efficacy has not been demonstrated consistently, possibly due to higher than expected placebo effect. This has resulted in a nonapprovable letter from the FDA. With regard to perampanel, addnl. studies are needed to demonstrate safety and efficacy. Sanifamide and pardoprunox are agents that target multiple receptors that may modulate dyskinesia and other nonmotor symptoms in addition to motor symptoms, but phase III data are not yet available. Lusuride is an older dopamine agonist that has been reformulated as a transdermal patch and as a s.c. injection and may offer advantages in refractory patients with motor fluctuations. Sphermaine is a novel cell therapy designed to provide a localized source of levodopa directly to the brain. Gene therapies including AAV-GAD, AAV-AADC and AAV2-neurturin are in early stages of development in patients with advanced-stage disease but early safety data are promising.

OS.CITING REF COUNT: THERE ARE 9 CAPLUS RECORDS THAT CITE THIS RECORD

(9 CITINGS)

REFERENCE COUNT: 67 THERE ARE 67 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 8 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2008:921846 CAPLUS

DOCUMENT NUMBER: 149:298525

TITLE: Impact of newer pharmacological treatments on quality

of life in patients with Parkinson's disease

AUTHOR(S): Gallagher, David A.; Schrag, Anette

Department of Clinical Neurosciences, Royal Free and CORPORATE SOURCE:

University College Medical School, London, UK

CNS Drugs (2008), 22(7), 563-586 SOURCE: CODEN: CNDREF; ISSN: 1172-7047

PUBLISHER: Wolters Kluwer Health DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Parkinson's disease is a common progressive neurodegenerative condition with multiple motor and nonmotor features contributing to

impairment of health-related quality of life (HR-QOL). Pharmacol. treatments have been directed primarily at dopamine replacement with levodopa and agents to improve its bioavailability, including DOPA decarboxylase inhibitors, catechol-O-methyltransferase (COMT) inhibitors and monoamine oxidase B (MAO-B) inhibitors, as well as synthetic dopamine agonists. These treatments to restore motor function are often very successful in early Parkinson's disease, with objective improvement and concomitant improvement in subjective HR-QOL scores. However, as the disease progresses, motor complications and nonmotor symptoms predominate and are often refractory to therapeutic interventions. Antiparkinsonian medications have been shown to improve motor severity and motor complications of advancing disease, and there is increasing evidence that this can be translated into subjective improvement of HR-QOL from a patient's point of view. However, the degree of improvement is less marked on HR-QOL scores than on motor scores, and some studies do not show improvement of HR-QOL in parallel to motor improvements. A number of explanations are possible, including limitations of the scales used, trial designs and lack of clin. improvement from the patients' point of view. This review concs. on clin. trials with an index of HR-QOL as an outcome measure, with particular emphasis on well designed, randomized, double-blind, placebo-controlled or active comparator-controlled methodol. Drugs that have been more recently added to the armamentarium of Parkinson's disease, including the oral (pramipexole, ropinirole and piribedil) and transdermal (rotigotine) non-ergotamine-derived dopamine agonists, the novel MAO-B inhibitor rasagiline and the COMT inhibitors tolcapone and entacapone, were included. The effect of each of these agents on overall HR-QOL and depression, a factor that has been shown to significantly contribute to HR-QOL in several multivariate analyses, is discussed. Overall, the literature search revealed 14 double-blind, placebo- or active comparator-controlled trials with an index of HR-QOL as an outcome measure. Entacapone resulted in HR-QOL improvement in nonfluctuating patients (one study) but not clearly in those with motor fluctuations (two studies). Tolcapone was only tested in patients with motor fluctuations and resulted in significant improvement in two of four studies using HR-QOL as an outcome measure. Rasagiline improved HR-QOL as monotherapy in early Parkinson's disease (one study), but not clearly in more advanced disease (one study). Rotigotine improved HR-QOL in both early Parkinson's disease (one study) and more advanced disease with motor fluctuations (one study). The impact of ropinirole and pramipexole on HR-OOL as monotherapy in early Parkinson's disease vs. placebo has not been assessed, but both agents have resulted in improved HR-OOL in patients with motor fluctuations (ropinirole one study, pramipexole one study). The evidence for antidepressant efficacy of antiparkinsonian

medications is limited.
OS.CITING REF COUNT: 7

REFERENCE COUNT:

THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)

THERE ARE 165 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE REFORMAT

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FILE 'CAPLUS' ENTERED AT 14:30:29 ON 02 SEP 2011 208 S ROTIGOTINE

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L6 ANSWER 1 OF 4 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2006:1225816 CAPLUS

DOCUMENT NUMBER: 146:771

TITLE: Transdermal therapeutic system for Parkinson's disease

INVENTOR(S): Wolff, Hans-Michael

PATENT ASSIGNEE(S): Schwarz Pharma AG, Germany; LTS Lohmann

Therapie-Systeme AG SOURCE: U.S. Pat. Appl. Pub

SOURCE: U.S. Pat. Appl. Publ., 38 pp., Cont.-in-part of U.S. Ser. No. 139,894.

CODEN: USXXCO

DOCUMENT TYPE: Patent

LANGUAGE: English
FAMILY ACC. NUM. COUNT: 5

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO. DATE	
US 20060263419	A1	20061123	US 2005-239701 20050929	
US 20030027793	A1	20030206	US 2002-139894 20020507	<
US 20030026830	A1	20030206	US 2002-140096 20020507	<
AU 2005242160	A1	20060105	AU 2005-242160 20051208	
AU 2005242160	B2	20090226		
PRIORITY APPLN. INFO.:			US 2002-363638P P 20020312	
			US 2002-363655P P 20020312	
			US 2002-139894 A2 20020507	
			US 2002-140096 A2 20020507	
			US 2004-613760P P 20040929	
			US 2004-613761P P 20040929	
			EP 2001-111109 A 20010508	
			EP 2001-111110 A 20010508	
			AU 2002-310805 A3 20020506	
			WO 2002-EP4975 W 20020506	

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB The invention provides a transdermal therapeutic system (TTS) containing rotigotine as the active ingredient. The TTS is useful in the treatment of Parkinson's Disease because it induces a pharmacokinetic profile where the rotigotine plasma level is high and stable.

OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)

L6 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2006:1003235 CAPLUS DOCUMENT NUMBER: 145:348623

TITLE: Transdermal therapeutic system containing rotigotine

for the treatment of Parkinson's disease

INVENTOR(S): Wolff, Hans-Michael

PATENT ASSIGNEE(S): Schwarz Pharma AG, Germany

SOURCE: U.S. Pat. Appl. Publ., 38 pp., Cont.-in-part of U.S.

Ser. No. 139,894. CODEN: USXXCO

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 5 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE		
US 20060216336 US 20030027793 US 20030026830 AU 2005242160	A1 A1 A1 A1	20060928 20030206 20030206 20060105	US 2005-239772 US 2002-139894 US 2002-140096 AU 2005-242160		20050929 20020507 < 20020507 < 20051208	
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			EP 2001-111109 EP 2001-111110 US 2002-363638P US 2002-363655P AU 2002-310805 WO 2002-EP4975	A A P P A3	20010508 20010508 20020312 20020312	

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

The invention provides a transdermal therapeutic system (TTS) containing rotigotine as the active ingredient. The TTS is useful in the treatment of Parkinson's Disease because it induces a pharmacokinetic profile where the rotigotine plasma level is high and stable. Also provided are

methods for the treatment of restless legs syndrome and diseases related to the dopaminergic system. OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)

L6 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2011 ACS on STN ACCESSION NUMBER: 2003:892604 CAPLUS

DOCUMENT NUMBER: 139:354519

TITLE: Trans-epicutaneous administration of rotigotine for

treating restless leg syndrome

INVENTOR(S): Lauterbach, Thomas; Schollmayer, Erwin

PATENT ASSIGNEE(S): Schwarz Pharma A.-G., Germany SOURCE:

PCT Int. Appl., 40 pp.

CODEN: PIXXD2

DOCUMENT TYPE: Patent LANGUAGE: German FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO. F					KIND DATE			APPLICATION NO.						DATE			
WC	WO 2003092677				A1 20031113			WO 2003-EP4685				20030505 <					
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ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT AB The invention relates to a trans-epicutaneous pharmaceutical composition containing

rotigotine for effective treatment of Restless Leg Syndrome (RLS), especially in the form of a transdermal therapeutic system (TDS) based on acrylate or silicone having a surface of 2.5-20 cm2 and containing 1.125 9.0 mg/cm2 rotigotine as an active component against Restless Leg Syndrome, which, according to the International Restless Leg Syndrome Study Group (IRLSSG) Rating Scale, results in an improvement in the conditions of human Restless Leg Syndrome patients in comparison with a placebo treatment of 2 units or more, after administration over a period of time of at least 8 days. Thus 264 g polyacrylate solution containing 50% solid matter was mixed homogeneously with 66 g 50% Eudragit E100 in ethylacetate and 36 g oleyl alc. 89.65 G rotigotine in 200 mL methylethyl ketone was mixed with the homogenizate; the drug containing mixture was applied onto a siliconized polyester foil and dried ant 50 °C; the result was a 60 g/m2 layer; the foil was cashed with a cover film, cut

and packed.

OS.CITING REF COUNT: THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)

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ANSWER 4 OF 4 CAPLUS COPYRIGHT 2011 ACS on STN ACCESSION NUMBER: 2003:818867 CAPLUS DOCUMENT NUMBER: 139:332184

TITLE: Rotigotine Schwarz Pharma

AUTHOR(S): Mucke, Hermann A. M. CORPORATE SOURCE: HM Pharma Consultancy, Vienna, A-1160, Austria

SOURCE: IDrugs (2003), 6(9), 894-899

CODEN: IDRUFN: ISSN: 1369-7056
PUBLISHER: Current Drugs

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review. Schwarz Pharma AG, under license from Aderis Pharmaceuticals Inc, is developing rotigotine CDS, a once-daily transdermal patch formulation of rotigotine, which is a naphthol-derived selective D2 dopamine agonist, for the potential treatment of Parkinson's disease and

restless legs syndrome.

OS.CITING REF COUNT: 8 THERE ARE 8 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)

REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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L1 208 S ROTIGOTINE

L2 8 S L1 AND PARKINSONS L3 0 S ROTICOTINE RESTLESS

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